

FOOD STAMP PROGRAM INCOME CHANGE REPORT

(Reduced Reporting Households)

(County Agency Address)

Your Name	Case Number	Worker Name
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If your total monthly gross household income exceeds your income reporting limit, as shown below, report the change to your food stamp worker by the 10th of the next month. To report this change, fill out this report and mail it or take it to the office shown in the box above, or contact your worker by telephone or in person.

For example: You start a new job on August 1st that pays more than what you are making now and there are three persons getting Food Stamps in your case. If your total monthly gross* household income in August is more than your income reporting limit of \$1,628, you must report the change to your food stamp worker by September 10.

*Total gross income means all income, **earned and unearned**, received by everyone in your household before deductions such as taxes and withholdings.

2003 MONTHLY INCOME REPORTING LIMIT*

Household size	Monthly Income limit	Household size	Monthly Income limit
1	\$ 960	6	\$2629
2	\$1294	7	\$2962
3	\$1628	8	\$3296
4	\$1961	9	\$3630
5	\$2295	10	\$3964

*These income amounts are based on the 2003 federal poverty guidelines, which increase by a small amount every October.

CHANGE IN INCOME

EARNED INCOME CHANGE	Name of employed person	CHANGE IN UNEARNED	Name of person receiving unearned income	
	Employer		Date income changed	
	Rate of Pay \$ per hour		Source of income	
	Hours per week		New Monthly amount	
	How often paid			
	First pay date			
INCOME CALCULATION	Use this space to calculate total household gross income amount			
	Number of persons in household		_____	
	Total monthly gross earned income		+	_____
	Total monthly gross unearned income		+	_____
Total household monthly gross income		=	_____	

Month of Change _____ Total Household Gross Monthly Income _____

Do you expect that the changes reported on this form will remain the same next month? ☐ Yes ☐ No

If no, explain.

You may continue to report other changes such as persons moving in or out of your household, or decreases in your monthly income, however you are not required to do so. Should you choose to report these changes, contact your worker.

Expenses: I understand that expenses I report such as shelter, utility, child care, child support, or medical costs may affect the level of food stamp benefits my household receives. I understand that failure to report or verify an expense means that I do not want to receive a deduction for this expense.

Income Reduction: I understand that I am not required to report a reduction or loss of income; however, I may be entitled to a higher food stamp benefit if I do. I understand that as long as I do not report a reduction in my household's monthly income or the loss of any household income, that I will not receive any resulting increase in my food stamp benefit.

OTHER CHANGES?

Use this space to report other changes.

FOOD STAMP PENALTY WARNING

Any member of your household who intentionally breaks any of the following rules can be barred from the Food Stamp Program for 12 months after the first violation, 24 months after the second violation or for first a violation involving a controlled substance, and permanently for the third violation:

- Giving false information or hiding information to get or continue food stamp benefits,
- Trading, selling, or altering food stamp benefits,
- Using food stamp benefits to buy non-food items, like alcohol or tobacco, or
- Using another person's food stamp benefits, identification cards or other documentation.

Depending upon the value of misused benefits, the individual can also be fined up to \$250,000, imprisoned up to 20 years, or both. A court can also bar an individual from the program for an additional 18 months. You will also be permanently disqualified if you are convicted of trafficking food stamp benefits of \$500 or more. You will be ineligible to participate for 10 years if you are found to have made a fraudulent statement or representation with respect to identity and residence in order to receive multiple benefits at the same time. Fleeing felons and probation/parole violators are ineligible for the program. The individual may also be subject to further prosecution under other applicable federal laws.

If you intentionally fail to report any income increase that you are required to report or provide false information you may be fined, or have to pay back any Food Stamp benefits you wrongfully received, or be prosecuted, or all three.

I understand there are penalties for hiding information or giving false information. I agree to provide proof of any changes, if asked to do so. My answers on this form are correct and complete to the best of my knowledge.

SIGNATURE – Participant	Date Signed	Daytime Phone ()
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RETAIN COMPLETED FORM IN CASE FILE